## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/593 020

FILING DATE

APPLICANT(S)

|       |               | <br> |   |
|-------|---------------|------|---|
| ~~~   |               | <br> |   |
|       |               |      |   |
| 4 ' 1 |               |      | J |
|       | 4.3           | <br> | L |
|       | $\overline{}$ |      | ı |
| ~~~   |               |      |   |

| IND.   DEP.   IND.      |                      |             |  |             | پي در دانسان کا | •                    |   |  |
|--|----------------------|-------------|--|-------------|-----------------|----------------------|---|--|
| 1 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 10 10 11 1 12 13 14 14 15 16 16 17 17 18 19 20 21 12 22 23 24 25 26 12 22 23 33 33 33 33 33 33 33 33 33 33 33  |                      | AS F        | ILED   |             |                 | AFTER 2 ** AMENDMENT |   |  |
| 3 4 4 7 7 8 8 9 9 9 10 10 111 12 12 13 13 14 14 15 15 16 17 17 18 19 20 21 22 22 23 24 25 26 27 28 29 30 7 30 31 31 32 33 33 34 34 35 35 36 37 38 39 39 40 40 41 42 42 44 44 44 44 44 44 44 44 44 44 44  |                      | IND.        | DEP.   | IND.        | DEP.            | IND.                 | DEP.                                    |  |
| 3 4 4 7 7 8 8 9 9 9 10 10 111 12 12 13 13 14 14 15 15 16 17 17 18 19 20 21 22 22 23 24 25 26 27 28 29 30 7 30 31 31 32 33 33 34 34 35 35 36 37 38 39 39 40 40 41 42 42 44 44 44 44 44 44 44 44 44 44 44  | 1 1                  | 11          |  |             |                 |                      |   |  |
| 4 5 6 6 7 7 8 8 9 9 1 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |                      | X           |  |             |                 |                      |   |  |
| 6 7 8 9 10 10 11 11 12 13 13 14 15 16 16 17 17 18 19 19 20 20 21 122 23 24 25 26 27 28 29 30 31 31 32 24 25 26 27 28 33 33 34 35 35 36 37 33 38 39 40 40 41 41 42 42 43 44 44 44 44 44 44 44 44 44 44 44 44  |                      | 9/1         |  |             |                 |                      |   |  |
| 7 8 8 9 9 10 10 111 12 13 13 14 14 15 16 16 17 18 19 20 21 122 23 23 24 25 5 26 127 28 29 30 30 31 31 32 28 29 30 30 31 31 32 33 33 34 35 35 36 37 37 38 38 39 40 40 41 41 42 43 43 44 44 45 45 46 47 48 48 49 50 TOTAL DEP. 70TAL DEP. |                      | W_          |  |             |                 |                      | <del></del>                             |  |
| 8 9 10 10 11 11 12 13 13 14 15 16 16 17 18 19 19 20 121 122 22 23 124 125 26 27 128 29 30 30 31 31 32 33 33 34 35 35 36 37 38 39 40 40 41 42 44 44 44 44 44 44 44 44 44 44 44 44   |                      | 19/         |  |             |                 |                      |   |  |
| 9 10 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |                      | X           | 11   |             |                 |                      |   |  |
| 10 11 12 13 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 30 31 32 33 34 35 36 37 38 33 34 40 41 42 43 44 45 46 47 48 49 50 TOTAL DEF.  TOTAL DEF. TOTAL D |                      | T X         |  |             |                 |                      |   |  |
| 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 31 32 33 33 34 35 36 37 38 39 40 41 41 42 42 43 44 45 46 47 48 49 50 TOTAL DEF.  TOTAL DEF. TOTA |                      |             |  |             |                 |                      |   |  |
| 13 14 15 16 17 18 19 20 21 21 22 23 24 25 26 27 28 29 30 31 31 32 33 33 34 35 36 37 38 39 40 41 41 42 43 44 45 46 47 48 49 50 TOTAL DEP.  TOTAL DEP. TO |                      |             |  |             |                 |                      | •                                       |  |
| 14   |                      |             | -\-  |             |                 |                      |   |  |
| 15 16 17 18 19 20 21 21 22 23 24 25 26 27 28 29 30 31 31 32 33 34 35 36 37 38 39 40 41 41 42 43 44 45 46 47 48 49 50 TOTAL DEP. TOTA |                      |             | -  |             |                 |                      |   |  |
| 17 18 19 20 21 21 22 23 24 25 26 27 28 29 30 31 31 32 33 34 35 36 37 38 39 40 41 42 43 44 44 42 43 44 44 44 45 45 46 47 48 49 50 TOTAL DEP.  TOTAL DEP. TOTA |                      |             | 1  | -           |                 |                      |   |  |
| 18   |                      |             |  |             |                 |                      |   |  |
| 19   |                      |             |  |             |                 |                      |   |  |
| 20   |                      |             | -/   |             |                 |                      |   |  |
| 21   |                      |             | <del>// </del>                                   |             |                 |                      |   |  |
| 23   | 21                   |             | 1  |             |                 |                      | <u></u>                                 |  |
| 24   |                      |             | -, [   |             |                 |                      | ·                                       |  |
| 25   |                      |             | <del>/                                    </del> |             |                 |                      |   |  |
| 26 27 28 29 30 31 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 TOTAL IND.  TOTAL IND. IND. IND. IND. IND. IND. IND. IND.  |                      |             | <del>-1,-</del>                                  | ·           |                 | <del></del>          |   |  |
| 28<br>29<br>30<br>31<br>32<br>33<br>34<br>35<br>36<br>37<br>38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>TOTAL IND. /<br>TOTAL CLAIMS / S   | 26                   | ·           | 1  |             |                 |                      |   |  |
| 29 30 31 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 TOTAL IND. TOTAL DEP.  TOTAL DEP.  TOTAL DEP.  TOTAL DEP.  TOTAL DEP.  TOTAL J  |                      |             | /  |             |                 |                      |   |  |
| 30   | 28                   |             | 4  |             |                 |                      |   |  |
| 32<br>33<br>34<br>35<br>36<br>37<br>38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>TOTAL IND. / * * * * * * * * * * * * * * * * * *   |                      |             | 1  |             |                 |                      |   |  |
| 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 TOTAL IND. /  TOTAL DEP. /   TOTAL DEP. /   TOTAL CLAIMS /   TOTAL CLAI | 31                   |             |  |             |                 |                      |   |  |
| 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 TOTAL IND. /  TOTAL DEP. / //  TOTAL CLAIMS /   TOTAL CLA |                      |             |  |             |                 |                      |   |  |
| 35<br>36<br>37<br>38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>TOTAL IND. / **  TOTAL DEP. / **  **  **  **  **  **  **  **  **  *  |                      |             |  |             |                 |                      |   |  |
| 36<br>37<br>38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>TOTAL IND. / • • • • • • • • • • • • • • • • • •   |                      |             |  |             |                 |                      |   |  |
| 38 39 40 41 42 43 44 45 46 47 48 49 50 TOTAL IND. TOTAL LIND.  | 36                   |             |  |             |                 |                      |   |  |
| 39 40 41 42 43 44 45 46 47 48 49 50 TOTAL IND. /   |                      |             |  |             |                 |                      |   |  |
| 40 41 42 43 44 45 46 47 48 49 50 TOTAL IND.  TOTAL DEP.  TOTAL CLAIMS  |                      |             |  |             |                 |                      |   |  |
| 41 42 43 44 45 46 47 48 49 50 TOTAL IND. /   |                      | -           |  | <del></del> |                 |                      |   |  |
| 43 44 45 46 47 48 49 50 TOTAL IND.  TOTAL DEP.  ///  TOTAL CLAIMS //  TOTA | 41                   |             |  |             |                 | · · · · ·            |   |  |
| 44 45 46 47 48 49 50 TOTAL IND. /  |                      |             |  |             |                 |                      |   |  |
| 45 46 47 48 49 50 TOTAL IND.  TOTAL DEP.  ///  TOTAL CLAIMS //  TOTAL CLAIMS   |                      |             |  |             |                 |                      |   |  |
| 46 47 48 49 50 TOTAL IND.  TOTAL DEP.  /// CLAIMS //  TOTAL CLAIMS   |                      |             |  |             |                 |                      |   |  |
| 47 48 49 50 TOTAL IND.  TOTAL DEP.  TOTAL CLAIMS   |                      |             |  |             |                 |                      |   |  |
| 49 50 TOTAL IND. TOTAL DEP.  TOTAL CLAIMS  TOTAL CLAIMS  | 47                   |             |  |             |                 | 122                  | -                                       |  |
| TOTAL IND.  TOTAL DEP.  TOTAL CLAIMS   |                      |             |  |             |                 |                      |   |  |
| TOTAL IND.  TOTAL DEP.  TOTAL CLAIMS   |                      |             |  |             |                 |                      |   |  |
| TOTAL DEP. /4  | TOTAL                | 7           |  |             |                 |                      |   |  |
| TOTAL CLAIMS / S   |                      |             | <b>*</b>   |             | ₩               |                      | 1                                       |  |
| CLAIMS / )   |                      | 14          |  | •           |                 | 4                    |   |  |
| PTO - 1360 (REV. 11/04)  | TOTAL<br>CLAIMS      | 15          |  |             |                 |                      |   |  |
|  | <b>PTO - 1360</b> (1 | REV. 11/04) |  |             |                 |                      | *************************************** |  |

| IND.   DEP.   IND.   DEP.   IND.   DEP   S1   S2   S3   S4   S5   S5   S5   S5   S5   S5   S5   |       | AS F | AS FILED      |       | AFTER 1*AMENDMENT                     |                     | AFTER 2 ° AMENDMENT |  |
|---|-------|------|---------------|-------|---------------------------------------|---------------------|---------------------|--|
| S1   S2   S3   S4   S5   S5   S5   S5   S5   S5   S5  |       | IND. | DEP.          | IND.  | DEP.                                  | ب من بروس نمی این ا | وبرسيا وخفاد        |  |
| 53   54   55   56   57   58   59   60   61   62   63   64   65   66   66   66   66   66   66  |       |      |               |       |                                       |                     |                     |  |
| 54  |       |      |               |       |                                       |                     |                     |  |
| 55   56   57   58   59   60   61   62   63   64   65   66   66   66   66   66   66  |       |      |               | •     |                                       |                     |                     |  |
| 56   57   58   59   60   61   62   63   64   65   66   66   66   66   66   66   |       |      |               |       |                                       |                     |                     |  |
| 57   58   59   60   61   62   63   64   65   66   66   67   68   69   70   71   72   73   74   75   75   76   77   77   78   79   80   81   82   83   84   85   88   89   90   90   91   92   93   94   99   99   99   99   99   99 |       | -    |               |       |                                       |                     |                     |  |
| 58   59   60   61   62   63   64   65   66   66   66   66   66   66   |       |      | ļ             |       |                                       |                     |                     |  |
| S9   60   61   62   63   64   65   66   66   66   66   66   66  |       |      |               |       |                                       |                     | <del></del>         |  |
| 61 62 63 64 65 66 66 67 68 69 70 71 71 72 73 74 75 76 77 78 79 80 80 81 82 83 84 85 86 87 88 88 88 89 99 99 99 99 99 99 99 99 99  | 59    |      |               |       | · · · · · · · · · · · · · · · · · · · |                     |                     |  |
| 62 63 64 64 65 66 67 68 68 69 70 71 71 72 73 74 75 76 77 78 79 80 80 81 81 82 83 84 85 86 87 88 89 90 91 91 92 93 94 95 96 97 98 99 100 100 100 100 100 100 100 100 100   |       |      |               |       |                                       |                     |                     |  |
| 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 87 88 88 89 90 91 92 93 94 95 96 97 98 99 100 100 100 100 100 100 100 100 100  |       |      |               |       |                                       |                     |                     |  |
| 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 85 86 87 88 89 90 91 91 92 93 94 95 96 97 97 98 99 100 TOTAL DEP.   |       | ļ    |               |       |                                       |                     |                     |  |
| 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 81 82 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 100 100 100 100 100 100 100 100  |       |      |               |       |                                       |                     |                     |  |
| 66 67 68 69 70 71 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 91 92 93 94 95 96 97 98 99 100 TOTAL DEP.  |       |      |               |       |                                       |                     | <del></del>         |  |
| 67 68 69 70 71 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 FOTAL DEP.  |       |      |               |       |                                       |                     |                     |  |
| 69 70 71 71 72 73 73 74 75 76 77 78 79 80 81 81 82 83 84 85 86 87 88 89 90 91 91 92 93 94 95 96 97 98 99 100 100TAL DEP.  |       |      |               |       |                                       |                     |                     |  |
| 70 71 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 100 100 100 100 100 100 100 100  |       |      |               | ·     |                                       |                     |                     |  |
| 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 91 92 93 94 95 96 97 98 99 100 100 100 100 100 100 100 100 100   |       |      |               |       |                                       |                     |                     |  |
| 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 90 100 100 100 100 100 100 100 100 1  |       |      |               |       |                                       |                     |                     |  |
| 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 100 100 100 100 100 100 100 100  |       |      |               |       |                                       |                     | <del></del>         |  |
| 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 TOTAL IND. FOTAL LDEP.  |       |      |               |       |                                       |                     | <del></del>         |  |
| 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 91 92 93 94 95 96 97 98 99 100 TOTAL IND. FOTAL DEP.   |       |      |               |       |                                       |                     |                     |  |
| 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 TOTAL IND. FOTAL DEP.  |       |      |               |       |                                       |                     | <del></del>         |  |
| 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 FOTAL ND. FOTAL DEP.  |       |      |               |       |                                       |                     | <del></del>         |  |
| 79 80 81 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 FOTAL ND. FOTAL DEP.  |       |      |               |       |                                       |                     |                     |  |
| 80<br>81<br>82<br>83<br>84<br>85<br>86<br>87<br>88<br>89<br>90<br>91<br>92<br>93<br>94<br>95<br>96<br>97<br>98<br>99<br>100<br>TOTAL IND.   |       |      |               |       |                                       |                     |                     |  |
| 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 TOTAL IND. FOTAL DEP.  |       | ( 1  |               |       |                                       |                     |                     |  |
| 82<br>83<br>84<br>85<br>86<br>87<br>88<br>89<br>90<br>91<br>92<br>93<br>94<br>95<br>96<br>97<br>98<br>99<br>100<br>TOTAL IND.   |       |      |               |       |                                       |                     |                     |  |
| 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 TOTAL IND. FOTAL DEP.   |       |      |               |       |                                       |                     |                     |  |
| 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 TOTAL IND. FOTAL DEP.  |       |      |               |       |                                       |                     |                     |  |
| 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 TOTAL IND. FOTAL DEP.   |       | ·    |               |       |                                       |                     |                     |  |
| 87 88 89 90 91 91 92 93 94 95 96 97 98 99 100 TOTAL IND. FOTAL DEP.   |       |      |               |       |                                       |                     |                     |  |
| 88 89 90 91 91 92 93 94 95 96 97 98 99 100 TOTAL IND. FOTAL DEP.  |       |      | ·             |       |                                       |                     |                     |  |
| 89 90 91 91 92 93 94 95 96 97 98 99 100 TOTAL IND. FOTAL DEP.   |       |      | <u> </u>      |       |                                       |                     |                     |  |
| 90<br>91<br>92<br>93<br>94<br>95<br>96<br>97<br>98<br>99<br>100<br>TOTAL<br>IND.<br>FOTAL<br>DEP.   |       |      |               |       |                                       |                     |                     |  |
| 91<br>92<br>93<br>94<br>95<br>96<br>97<br>98<br>99<br>100<br>TOTAL<br>IND.<br>FOTAL<br>DEP.   |       |      |               |       | <del></del>                           |                     | <del></del>         |  |
| 92<br>93<br>94<br>95<br>96<br>97<br>98<br>99<br>100<br>TOTAL IND.   | 91    |      |               |       |                                       |                     |                     |  |
| 94 95 96 97 98 99 100 TOTAL IND. FOTAL DEP.  TOTAL  | 92    |      |               |       |                                       |                     |                     |  |
| 95 96 97 98 99 100 TOTAL IND. FOTAL DEP.  |       |      |               |       |                                       |                     |                     |  |
| 96 97 98 99 100 TOTAL IND. FOTAL DEP.   |       |      |               |       |                                       |                     |                     |  |
| 97 98 99 100 TOTAL IND.  FOTAL DEP.   |       |      |               |       |                                       |                     |                     |  |
| 98 99 100 TOTAL IND. FOTAL DEP.   |       |      |               | -     |                                       |                     |                     |  |
| 99 100 TOTAL IND. FOTAL DEP.  |       |      | —— <b>j</b> — |       |                                       |                     |                     |  |
| 100 TOTAL IND. FOTAL DEP. TOTAL   |       |      |               |       |                                       |                     |                     |  |
| TOTAL IND.  FOTAL DEP.  TOTAL   |       |      |               |       |                                       |                     |                     |  |
| TOTAL DEP.  | TOTAL |      |               | , Ex- |                                       |                     |                     |  |
| DEP.  |       |      | <b>*</b>      |       | <b>+</b>                              |                     | ₩                   |  |
|   | DEP.  | •    | •             | ,     |                                       | •                   |                     |  |
|   |       |      |               |       |                                       |                     |                     |  |

U.S. DEPARTMENT of COMMERCE

Patent and Trademark Office